

# Best Available Copy

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							FILING DATE
							APPLICANT(S)
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.	2		2				
TOTAL DEP.	8		9				
TOTAL CLAIMS	10		11				

  

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS